
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1453 Session of
2021

INTRODUCED BY CRUZ, HILL-EVANS, KINSEY, POLINCHOCK, SANCHEZ,
HANBIDGE AND ROZZI, MAY 21, 2021

REFERRED TO COMMITTEE ON JUDICIARY, MAY 21, 2021

AN ACT

1 Amending Title 20 (Decedents, Estates and Fiduciaries) of the
2 Pennsylvania Consolidated Statutes, providing for
3 compassionate assisted dignified death; and imposing
4 penalties.

5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 Section 1. Title 20 of the Pennsylvania Consolidated
8 Statutes is amended by adding a chapter to read:

9 CHAPTER 54B

10 COMPASSIONATE ASSISTED DIGNIFIED DEATH

11 Sec.

12 54B01. Definitions.

13 54B02. Qualified patient requirements.

14 54B03. Request for medication.

15 54B04. Right and opportunity to rescind request.

16 54B05. Form of written request.

17 54B06. Waiting periods.

18 54B07. Attending physician responsibilities.

19 54B08. Confirmation of terminal illness.

- 1 54B09. Counseling referral.
2 54B10. Family notification.
3 54B11. Medical record documentation requirements.
4 54B12. Reporting requirements.
5 54B13. Effect on construction of wills and contracts.
6 54B14. Insurance or annuity policies.
7 54B15. Health care provider participation, notification and
8 permissible sanctions.
9 54B16. Claims by governmental entity for costs incurred.
10 54B17. Construction.
11 54B18. Immunity.
12 54B19. Liability.
13 54B20. Prohibitions and penalties.
14 § 54B01. Definitions.

15 The following words and phrases when used in this chapter
16 shall have the meanings given to them in this section unless the
17 context clearly indicates otherwise:

18 "Attending physician." The physician who has primary
19 responsibility for the care of a patient with a terminal illness
20 and treatment of the patient's terminal illness.

21 "Capable." The ability of a patient to make and communicate
22 informed health care decisions without impaired judgment to
23 health care providers, including communication through
24 individuals familiar with the patient's manner of communicating,
25 as determined by a court or a patient's attending physician,
26 consulting physician, mental health care professional or
27 clinical social worker.

28 "Confirmation of terminal illness." A written confirmation
29 from a consulting physician of a patient's terminal illness.

30 "Consulting physician." A physician who is qualified by

1 specialty or experience to make a professional diagnosis and
2 prognosis regarding a patient's terminal illness.

3 "Counseling." One or more consultations between a mental
4 health care provider and a patient for the purpose of
5 determining if the patient is capable.

6 "Department." The Department of Health of the Commonwealth.

7 "End-of-life medication." A medication determined and
8 prescribed by an attending physician to a qualified patient,
9 which the qualified patient may administer to end the qualified
10 patient's life.

11 "Health care facility." A health care facility as defined in
12 section 802.1 of the act of July 19, 1979 (P.L.130, No.48),
13 known as the Health Care Facilities Act.

14 "Health care provider." A person licensed, certified or
15 otherwise authorized or permitted by the laws of this
16 Commonwealth to administer health care services or dispense
17 medication in the ordinary course of business or practice of a
18 profession.

19 "Informed decision." A decision by a patient to request and
20 obtain a prescription for end-of-life medication which is based
21 on an appreciation of the relevant facts after being fully
22 informed by the attending physician of the information required
23 under section 54B07 (relating to attending physician
24 responsibilities).

25 "Long-term care facility." A long-term care nursing facility
26 as defined in section 802.1 of the Health Care Facilities Act.

27 "Medical confirmation." The confirmation by a consulting
28 physician who has examined the patient and the patient's
29 relevant medical records that the patient has a terminal
30 illness, is capable and is voluntarily making an informed

1 decision.

2 "Mental health care provider." A person who is licensed,
3 certified or otherwise authorized by the laws of this
4 Commonwealth to administer or provide mental health care in the
5 ordinary course of business or practice of a profession.

6 "Participate under this chapter." To perform the duties of
7 an attending physician under section 54B07, the consulting
8 physician function under section 54B08 (relating to confirmation
9 of terminal illness) or the consultation function under section
10 54B09 (relating to counseling referral). The term does not
11 include:

12 (1) making an initial determination that a patient has a
13 terminal illness and informing the patient of the medical
14 prognosis;

15 (2) providing information about end-of-life medication
16 and related information to a patient upon request;

17 (3) providing, upon the request of the patient, a
18 referral to another physician; or

19 (4) contracting by a patient with the patient's
20 attending physician and consulting physician to act outside
21 of the course and scope of the health care provider's
22 capacity as an employee or independent contractor of the
23 sanctioning health care provider.

24 "Patient." An individual who is:

25 (1) eighteen years of age or older; and

26 (2) under the care of an attending physician.

27 "Physician." A doctor of medicine or osteopathy licensed to
28 practice by the State Board of Medicine or State Board of
29 Osteopathic Medicine.

30 "Qualified patient." A patient who meets the requirements of

1 section 54B02 (relating to qualified patient requirements).

2 "Terminal illness." An incurable and irreversible illness
3 that will, within reasonable medical judgment, produce death
4 within six months.

5 § 54B02. Qualified patient requirements.

6 To qualify to receive end-of-life medication under this
7 chapter, a patient must:

8 (1) Have a terminal illness, as determined by an
9 attending physician and a consulting physician.

10 (2) Be capable of making an informed decision, as
11 determined under sections 54B07 (relating to attending
12 physician responsibilities) and 54B08(3) (relating to
13 confirmation of terminal illness).

14 (3) Be a resident of this Commonwealth.

15 § 54B03. Request for medication.

16 (a) General rule.--A qualified patient may make a request
17 under subsection (b) for end-of-life medication for the purpose
18 of ending the qualified patient's life in a compassionate,
19 humane and dignified manner under this chapter.

20 (b) Request requirements.--In order to receive a
21 prescription for end-of-life medication, a qualified patient
22 must:

23 (1) Make an oral request to the attending physician.

24 (2) Except as provided for under section 54B06 (relating
25 to waiting periods), reiterate the oral request by making a
26 second oral request to the attending physician no less than
27 15 days after making the initial oral request.

28 (3) Make a written request to the attending physician in
29 the form required under section 54B05 (relating to form of
30 written request).

1 § 54B04. Right and opportunity to rescind request.

2 (a) General rule.--A qualified patient may rescind the
3 request to end the qualified patient's life at any time and in
4 any manner without regard to mental state.

5 (b) Opportunity required.--At the time a qualified patient
6 makes the qualified patient's second oral request, the attending
7 physician must offer the qualified patient an opportunity to
8 rescind the request.

9 (c) Prohibition.--A prescription for end-of-life medication
10 under this chapter may not be written without the attending
11 physician's offering the qualified patient an opportunity to
12 rescind the request.

13 § 54B05. Form of written request.

14 (a) Signature, date and attestation.--A valid request for
15 end-of-life medication under this chapter shall be in
16 substantially the form under subsection (e), signed and dated by
17 the qualified patient and witnessed by at least two individuals
18 who, in the presence of the qualified patient, attest that to
19 the best of the witness's knowledge and belief the qualified
20 patient is capable, acting voluntarily and not being coerced to
21 sign the request.

22 (b) Witness.--One of the witnesses shall be an individual
23 who is not:

24 (1) a relative of the qualified patient by blood,
25 marriage or adoption;

26 (2) someone with whom the qualified patient has had a
27 significant relationship;

28 (3) an individual who, at the time the request is
29 signed, would be entitled to a portion of the estate of the
30 qualified patient upon death under a will or by operation of

1 law; or

2 (4) an owner, operator or employee of a health care
3 facility where the qualified patient is receiving medical
4 treatment or is a resident.

5 (c) Prohibition.--The qualified patient's attending
6 physician, consulting physician or an individual who has
7 conducted an evaluation of the qualified patient at the time the
8 request is signed shall not be a witness.

9 (d) Long-term care patient.--If the qualified patient is in
10 a long-term care facility at the time the written request is
11 made, one of the witnesses shall be an individual designated by
12 the long-term care facility and who has the qualifications
13 required by the department by rule.

14 (e) Form.--A request for end-of-life medication as
15 authorized under this chapter shall be in substantially the
16 following form:

17 REQUEST FOR MEDICATION

18 TO END MY LIFE IN A COMPASSIONATE

19 HUMANE AND DIGNIFIED MANNER

20 I, _____, am an adult of sound mind.

21 I am suffering from _____, which my
22 attending physician has determined is a terminal illness and
23 which has been medically confirmed by a consulting physician.

24 I have been fully informed of my diagnosis and prognosis, the
25 nature of medication to be prescribed and potential associated
26 risks, the expected result and the feasible alternatives,
27 including comfort care, hospice care, palliative care and pain
28 control.

29 I request that my attending physician prescribe medication
30 that will end my life in a compassionate, humane and dignified

1 manner.

2 INITIAL ONE:

3 () I have informed my family or significant other of my
4 decision and have taken their opinions into consideration.

5 () I have decided not to inform my family or
6 significant other of my decision.

7 () I have no family or significant other to inform of
8 my decision.

9 I understand that I have the right to rescind this request at
10 any time.

11 I understand that this request will supersede any provision
12 of an advance directive in conflict with the provisions of this
13 request.

14 I understand the full import of this request and I expect to
15 die when I take the medication to be prescribed. I further
16 understand that although most deaths occur within three hours,
17 my death may take longer and my physician has counseled me about
18 this possibility.

19 I make this request voluntarily and without reservation, and
20 I accept full moral responsibility for my actions.

21 Signed:

22 Dated:

23 DECLARATION OF WITNESSES

24 We declare that the person signing this request:

25 (a) Is personally known to us or has provided proof of
26 identity.

27 (b) Signed this request in our presence on the date of
28 the person's signature.

29 (c) Appears to be of sound mind and not under duress,
30 fraud or undue influence.

1 (d) Is not a patient for whom either of us is an
2 attending physician.

3 Date:

4 Witness' printed name:

5 Witness' signature:

6 Number and Street:

7 City, State and Zip Code:

8 Date:

9 Witness' printed name:

10 Witness' signature:

11 Number and Street:

12 City, State and Zip Code:

13 NOTE: One witness shall not be a relative by blood, marriage
14 or adoption of the person signing this request, shall not be
15 someone with whom the person has a significant relationship,
16 shall not be entitled to any portion of the person's estate upon
17 death and shall not own, operate or be employed at a health care
18 facility where the person is receiving medical treatment or a
19 resident. If the patient is an inpatient at a long-term care
20 facility, one of the witnesses shall be a person designated by
21 the facility.

22 § 54B06. Waiting periods.

23 (a) General rule.--Except as provided under subsection (b),
24 the following apply:

25 (1) At least 15 days shall elapse between the qualified
26 patient's initial oral request and the writing of a
27 prescription for end-of-life medication under this chapter.

28 (2) At least 48 hours shall elapse between the qualified
29 patient's written request and the writing of a prescription
30 for end-of-life medication under this chapter.

1 (b) Exceptions.--The following apply:

2 (1) If the qualified patient's attending physician has
3 determined, and a medical confirmation is received under
4 section 54B08 (relating to confirmation of terminal illness),
5 that the qualified patient will, within reasonable medical
6 judgment, die within 15 days of making the initial oral
7 request, the qualified patient may reiterate the second oral
8 request to the attending physician at any time after making
9 the initial oral request.

10 (2) If the qualified patient's attending physician has
11 determined, and a medical confirmation is received under
12 section 54B08, that the qualified patient will, within
13 reasonable medical judgment, die before the expiration of at
14 least one of the waiting periods described under subsection
15 (a), the prescription for end-of-life medication under this
16 chapter may be written at any time following the later of the
17 qualified patient's written request or second oral request.

18 § 54B07. Attending physician responsibilities.

19 (a) Responsibilities.--Upon request of a patient, an
20 attending physician shall:

21 (1) Determine if the patient has a terminal illness, is
22 capable and has made the request for end-of-life medication
23 voluntarily.

24 (2) Ensure that the patient is making an informed
25 decision and inform the patient of:

26 (i) The patient's medical diagnosis.

27 (ii) The patient's prognosis.

28 (iii) The potential risks associated with taking the
29 end-of-life medication to be prescribed.

30 (iv) The probable result of taking the end-of-life

1 medication to be prescribed.

2 (v) The feasible alternatives, including, but not
3 limited to, comfort care, hospice care, palliative care
4 and pain control.

5 (3) Refer the patient to a consulting physician for
6 medical confirmation of the diagnosis and for a determination
7 that the patient is capable and acting voluntarily.

8 (4) Refer the patient for counseling, if appropriate,
9 under section 54B09 (relating to counseling referral).

10 (5) Recommend the patient notify next of kin or someone
11 with whom the patient has a significant relationship.

12 (6) Counsel the patient about the importance of:

13 (i) having another individual present when the
14 patient takes the end-of-life medication prescribed under
15 this chapter; and

16 (ii) not taking the end-of-life medication in a
17 public place.

18 (7) Inform the patient that the patient has an
19 opportunity to rescind the request at any time and in any
20 manner under section 54B04 (relating to right and opportunity
21 to rescind request) and offer the patient an opportunity to
22 rescind at the end of the 15-day waiting period or at the
23 time the patient makes the patient's second oral request
24 under section 54B06 (relating to waiting periods).

25 (8) Immediately prior to writing a prescription for end-
26 of-life medication under this chapter, verify the patient is
27 making an informed decision.

28 (9) Fulfill the medical record documentation
29 requirements under section 54B11 (relating to medical record
30 documentation requirements).

1 (10) If the patient fulfills all the requirements under
2 this chapter, approve the qualified patient's request to
3 receive end-of-life medication.

4 (11) (i) Dispense end-of-life medications directly,
5 including ancillary medications intended to facilitate
6 the desired effect to minimize the qualified patient's
7 discomfort if the attending physician is authorized to
8 prescribe medications in this Commonwealth, has a current
9 Drug Enforcement Administration certificate and complies
10 with applicable administrative rules; or

11 (ii) with the qualified patient's written consent:

12 (A) contact a pharmacist and inform the
13 pharmacist of the prescription; and

14 (B) deliver the written prescription personally,
15 electronically, by facsimile or by mail to the
16 pharmacist, who shall dispense the end-of-life
17 medications to the qualified patient, the attending
18 physician or an expressly identified agent of the
19 qualified patient.

20 (b) Death certificate.--Notwithstanding any other provision
21 of law, the attending physician may sign the qualified patient's
22 death certificate.

23 § 54B08. Confirmation of terminal illness.

24 A confirmation of terminal illness must be received before a
25 patient is determined to be a qualified patient under this
26 chapter. The consulting physician performing the confirmation of
27 terminal illness shall physically examine a patient requesting
28 end-of-life medication under section 54B03 (relating to request
29 for medication) and the patient's relevant medical records to
30 confirm the attending physician's diagnosis that the patient is

1 suffering from a terminal illness. The consulting physician must
2 also verify the patient is:

3 (1) Capable.

4 (2) Acting voluntarily.

5 (3) Making an informed decision.

6 § 54B09. Counseling referral.

7 If the opinion of the attending physician or the consulting
8 physician is that the patient may not be capable, at the time a
9 written request is made under section 54B03 (relating to request
10 for medication), either the attending physician or consulting
11 physician shall refer the patient to a mental health care
12 provider for counseling. End-of-life medication may not be
13 prescribed until the mental health care provider performing the
14 counseling determines that the patient is capable and able to
15 make a voluntary informed decision without impaired judgment.

16 § 54B10. Family notification.

17 The attending physician must recommend that the qualified
18 patient notify the next of kin or an individual with whom the
19 qualified patient has a significant relationship of the
20 qualified patient's request for end-of-life medication under
21 this chapter. An attending physician may not deny a request for
22 end-of-life medication solely because a qualified patient
23 declines or is unable to notify the next of kin or an individual
24 with whom the qualified patient has a significant relationship.

25 § 54B11. Medical record documentation requirements.

26 The following shall be documented or filed in the qualified
27 patient's medical record:

28 (1) All oral requests by a qualified patient for end-of-
29 life medication.

30 (2) All written requests by a qualified patient for end-

1 of-life medication.

2 (3) The attending physician's diagnosis of terminal
3 illness and determination that the qualified patient is
4 capable, acting voluntarily and making an informed decision.

5 (4) All medical confirmations of terminal illness.

6 (5) Documentation that the qualified patient is capable
7 and acting voluntarily and has made an informed decision.

8 (6) A report of the outcome and determinations made
9 during counseling.

10 (7) A certification of the imminence of the qualified
11 patient's death.

12 (8) Documentation of the attending physician's offer to
13 the qualified patient to rescind the qualified patient's
14 request at the time of the qualified patient's second oral
15 request under section 54B03 (relating to request for
16 medication).

17 (9) Documentation by the attending physician that the
18 requirements under this chapter have been met and the steps
19 taken to carry out the request, including a notation of the
20 end-of-life medication prescribed.

21 § 54B12. Reporting requirements.

22 (a) Review and rulemaking.--The department shall:

23 (1) Annually review a sample of records maintained under
24 this chapter.

25 (2) Require a health care provider to file a copy of the
26 prescription or the dispensing record with the department
27 upon writing the prescription or dispensing end-of-life
28 medication under this chapter.

29 (3) Promulgate rules to facilitate the collection of
30 information regarding compliance with this chapter.

1 (b) Records.--Except as otherwise provided by law, the
2 information collected is not a public record and may not be made
3 available for inspection by the public.

4 (c) Report.--The department shall generate and make
5 available to the public, to the extent doing so would not be
6 reasonably expected to violate the privacy of any person, an
7 annual statistical report of information collected under
8 subsection (b).

9 § 54B13. Effect on construction of wills and contracts.

10 (a) Effect on existing agreements.--No provision in a
11 contract, will or other agreement, whether written or oral,
12 shall be valid to the extent that the provision would condition
13 or restrict an individual's decision to make or rescind a
14 request for end-of-life medication.

15 (b) Obligations under an existing contract.--No obligation
16 under an existing contract shall be affected by an individual's
17 making or rescinding of a request for end-of-life medication.

18 § 54B14. Insurance or annuity policies.

19 The sale, procurement or issuance of a life, health or
20 accident insurance or annuity policy or the rate charged for a
21 policy shall not be conditioned upon or affected by the making
22 or rescinding of a request, by a qualified patient, for end-of-
23 life medication. A qualified patient's act of ingesting end-of-
24 life medication may not have an effect upon a life, health or
25 accident insurance or an annuity policy.

26 § 54B15. Health care provider participation, notification and
27 permissible sanctions.

28 (a) Participation not required.--No health care provider may
29 be under any duty, whether by contract, statute or other legal
30 requirement, to prescribe or administer end-of-life medication

1 to a qualified patient. If a health care provider is unable or
2 unwilling to carry out a qualified patient's request under this
3 chapter and the qualified patient transfers care to another
4 health care provider, the prior health care provider shall
5 transfer, upon request, a copy of the qualified patient's
6 relevant medical records to the new health care provider.

7 (b) Prohibiting participation.--Notwithstanding any other
8 provision of law, a health care facility may prohibit a health
9 care provider from participating under this chapter if the
10 prohibiting health care facility has notified the health care
11 provider of the prohibiting health care facility's policy
12 regarding participation under this chapter. Nothing in this
13 subsection prevents a health care provider from providing health
14 care services to a patient that does not constitute
15 participation under this chapter.

16 (c) Notification requirement.--A health care facility shall
17 give notice of the policy prohibiting participation under this
18 chapter. A health care facility that fails to provide notice
19 prohibiting participation under this chapter may not enforce
20 sanctions against a health care provider under subsection (d).

21 (d) Sanctions.--Notwithstanding subsection (a) or section
22 54B18 (relating to immunity), a health care facility may subject
23 a health care provider to the sanctions under this subsection if
24 notification was provided as required under subsection (c). The
25 available sanctions shall include:

26 (1) Loss of privileges, loss of membership or other
27 sanctions provided under the medical staff bylaws, policies
28 and procedures if the health care provider is a member of the
29 health care facility's medical staff and participates under
30 this chapter while on the premises, which shall not include

1 the private medical office of a physician or other health
2 care provider.

3 (2) Termination of lease or other property contract or
4 other nonmonetary remedies provided by lease contract, not
5 including loss or restriction of medical staff privileges or
6 exclusion from the health care facility panel, if the health
7 care provider participates under this chapter while on the
8 premises of or on property that is owned by or under the
9 direct control of the health care facility.

10 (3) Termination of contract or other nonmonetary
11 remedies provided by contract if the health care provider
12 participates under this chapter while acting in the course
13 and scope of the health care provider's capacity as an
14 employee or independent contractor of the health care
15 facility. Nothing in this paragraph may be construed to
16 prevent:

17 (i) a health care provider from participating under
18 this chapter while acting outside the course and scope of
19 the health care provider's capacity as an employee or
20 independent contractor; or

21 (ii) a patient from contracting with the patient's
22 attending physician and consulting physician to act
23 outside the course and scope of the health care
24 provider's capacity as an employee or independent
25 contractor of the health care facility.

26 (e) Due process.--A health care facility that imposes
27 sanctions under subsection (d) shall follow all due process and
28 other procedures the health care facility may have that are
29 related to the imposition of sanctions on a health care
30 provider.

1 (f) Unprofessional or dishonorable conduct reports.--
2 Authorized action taken under section 54B05 (relating to form of
3 written request), 54B07 (relating to attending physician
4 responsibilities), 54B08 (relating to confirmation of terminal
5 illness) or 54B09 (relating to counseling referral) may not be
6 the sole basis for a report of unprofessional or dishonorable
7 conduct to the State Board of Medicine or the State Board of
8 Osteopathic Medicine.

9 (g) Standard of care.--No provision of this chapter may be
10 construed to allow a lower standard of care for patients in the
11 community where the patient is treated, or a similar community.

12 (h) Definition.--As used in this section, the term "notify"
13 means a separate written statement to the health care provider
14 which sanctions its participation in activities covered by this
15 chapter before the participation occurs.

16 § 54B16. Claims by governmental entity for costs incurred.

17 A governmental entity that incurs costs resulting from a
18 qualified patient ending the qualified patient's life under this
19 chapter in a public place shall have a claim against the estate
20 of the individual to recover costs and reasonable attorney fees
21 related to enforcing the claim.

22 § 54B17. Construction.

23 Nothing under this chapter may be construed to authorize a
24 physician or any other individual to end a patient's life by
25 lethal injection, mercy killing or active euthanasia. Actions
26 taken in accordance with this chapter shall not constitute
27 suicide, assisted suicide, mercy killing or homicide under the
28 law.

29 § 54B18. Immunity.

30 Except as provided in section 54B19 (relating to liability):

1 (1) An individual may not be subject to civil or
2 criminal liability or professional disciplinary action for
3 participating in good faith compliance with this chapter.
4 This includes being present when a qualified patient takes
5 the prescribed end-of-life medication.

6 (2) A professional organization or association, health
7 care facility or health care provider may not subject an
8 individual to censure, discipline, suspension, loss of
9 license, loss of privileges, loss of membership or other
10 penalty for participating in good faith or refusing to
11 participate under this chapter.

12 (3) A request by a patient for or provision by an
13 attending physician of end-of-life medication in good faith
14 compliance with this chapter does not constitute negligence
15 for any purpose of law or provide the sole basis for the
16 appointment of a guardian or conservator.

17 § 54B19. Liability.

18 (a) Mishandling instrument.--An individual who, without
19 authorization of the patient, willfully alters or forges a
20 request for end-of-life medication or conceals or destroys a
21 rescission of that request with the intent or effect of causing
22 the patient's death shall not be immune from criminal liability
23 under section 54B18 (relating to immunity).

24 (b) Undue influence.--An individual who coerces or exerts
25 undue influence on a patient to request end-of-life medication
26 for the purpose of ending the patient's life or to destroy a
27 rescission of a request shall not be immune from criminal
28 liability under section 54B18.

29 (c) Civil damages.--Nothing under this chapter limits
30 liability for civil damages resulting from negligent or

1 intentional misconduct by any individual.

2 § 54B20. Prohibitions and penalties.

3 (a) Intent to hasten death.--An individual who, without
4 authorization of the patient willfully alters, forges, conceals
5 or destroys an instrument, the reinstatement or revocation of an
6 instrument or any other evidence or document reflecting the
7 patient's desires and interests with the intent and effect of
8 causing a withholding or withdrawal of life-sustaining
9 procedures or of artificially administered nutrition and
10 hydration which hastens the death of the patient commits a
11 felony of the first degree.

12 (b) Intent to affect health care decision.--Except as
13 provided in subsection (a), an individual who, without
14 authorization of the patient, willfully alters, forges, conceals
15 or destroys an instrument, the reinstatement or revocation of an
16 instrument, or any other evidence or document reflecting the
17 patient's desires and interests with the intent or effect of
18 affecting a health care decision commits a misdemeanor of the
19 first degree.

20 Section 2. This act shall take effect in 120 days.